11-13-00

UNITED STATES PATENT APPLICATION TRANSMITTAL FORM

BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Docket No.: 158.7019USU

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Lewis T. Ladocsi and Richard C. Miller

For: HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

Enclosed are:

XXX Specification (21 pps.) consisting of: Description (15 pps); Claims (5 pps); Abstract (1pp);

XXX 4 sheets of drawings;

XXX Declaration and Power of Attorney;

XXX An assignment of the invention to: **LifeSpan Interactive: Medical Information Management, LLC.** including $40.00 recordation fee and Assignment Recordation Form Cover Sheet;

XXX Information Disclosure Statement (with copies of patent);

XXX Form - PTO-1449;

XXX Verified Statement Claiming Small Entity Status; and

____ Priority of U.S. Patent Application Serial No. _____, filed on is claimed under 35 U.S.C. §120.

____ Priority of U.S. Provisional Patent Application Serial No. _____, filed on _____ is claimed under 35 U.S.C. §119(e).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee $710.00
Total Claims	19 - 20 =	37	x $18.00	$0
Independent Claims	4 - 3 =	1	x $80.00	$80.00
Multiple Dependent Claim Fee			x $270.00 =	$0.00
TOTAL FILING FEE				**$790.00**

1/2 FILING FEE FOR SMALL ENTITY	**$395.00**

____ No fee enclosed – filing by missing parts.

XXX A check in the amount of $ **435.00** for the filing fee ($395) and assignment recordal fee ($40) is enclosed.

XXX The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467.** A duplicate copy of this Form is enclosed.

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CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Certificate No. **EL587708947US,** service under 37 CFR §1.10 and is addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231 on November 9, 2000.

Joanne A. Romaniello
(Typed name of person mailing paper)

(Signature of person mailing paper)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Lewis T. Ladocsi and Robert C. Miller
Serial No.:	Not Yet Assigned
Filed:	Concurrently Herewith
For:	HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM
Attorney Docket No.:	158.7019USU

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

[ ] the owner of the small business concern identified below:
[XX] an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN:	**LifeSpan Interactive: Medical Information Management, LLC**
ADDRESS OF CONCERN:	**177 Hobart Avenue Short Hills, New Jersey 07078**

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

described in

[XX] the specification filed herewith
[ ] Application, Serial No.: _____, filed: _____.
[ ] Patent No.: _____, issued: _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME:

ADDRESS:

[ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPROFIT ORGANIZATION

FULL NAME:

ADDRESS:

[ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and

the like so made are punishable by fine or imprisonment, or both, under Section 1001 of title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Lewis T. Ladocsi MD

TITLE OF PERSON OTHER THAN OWNER: ______

ADDRESS OF PERSON SIGNING: 177 Hobart Avenue
Short Hills, New Jersey 07078

SIGNATURE: [signature] DATE: 11/7, 2000

09/707,933 - 110700

HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

The present invention pertains to a unique and novel life expectancy management system which continuously models an individual's potential life expectancy, potential IQ, probability of certain diseases and probability of accidental death based upon maternal and paternal genetic information, birth information, past and current health information, personal data, and advances in technology and medicine. In particular, the present invention allows for an individual to determine how certain lifestyle, nutritional, health and career changes can effect their potential life expectancy, so as to provide incentive to an individual to adjust such factors so as to increase the potential for a longer quality life expectancy.

BACKGROUND OF THE INVENTION

Presently, most healthcare patients, as well as their physicians, find it difficult to generate an accurate health profile since critical data is often missing. That is, the individual is typically unable to recall the exact nature of his/her illness, or dates, reasons or results of specific surgical procedures as well as pathology reports. There is also a lack of accurate information concerning medications taken by an individual as well as doses and dosage schedules which may result at times in life threatening drug interactions.

There have been various attempts at providing an individual with his or her personal medical history. One such computerized system for storing medical histories is disclosed in U.S. Patent Nos. 5,659,741 and 5,832,488 (both to Eberhardt). These patents are directed to computer systems and methods for programming them for storage of individual medical histories on a storage device, preferably about the size of a credit card, for adding new medical data about the individual to the device and for communicating with other computers to retrieve large data records about the individual; and for enabling a second computer to collate and sort data relating to selected medical fields from the data of such individual and from the data about other individuals transferred to the second computer.

Neither of the aforementioned is capable of utilizing the stored data records other than for retrieval purposes by another computer. They provide no useful information to the individual in helping them to improve their life expectancy or overall wellness.

The present invention overcomes the aforementioned deficiencies of conventional smart cards which simply store health and personal data for later usage. That is, the present invention utilizes a novel modeling technique which is capable of taking basic medical/health information concerning an individual and formulating an optimal life-span (i.e., life expectancy) potential for that individual. This modeling technique can in itself be altered as influenced by evolutionary discoveries, e.g., new technologies developed in medicine or other areas which impact on overall life expectancy, change in an individuals overall health condition, and/or changes in an

individuals lifestyle. This unique modeling technique can therefore be used as a tool for assisting an individual in how to conduct his or her lifestyle and/or as a guide for the healthcare provider in diagnosing or treating an individual, which heretofore has not been available.

Therefore, the present invention is capable of: (a) generating accurate health profiles from birth to death; (b) giving individuals the ability to be the primary guardian of his or her medical/health data; (c) providing the ability to continuously update an individual's medical/health data for the purpose of projecting life expectancy potentials and providing the ability to alter life expectancy potentials by lifestyle adjustments; (d) utilizing the medical/health database for goal oriented and incentive driven health management; (e) utilizing the medical/health database for community-based healthcare planning; and (f) optionally, selectively using the data for national healthcare planning, i.e., pertinent information for the Center for Disease Control and the Census Bureau.

The present invention also provides many additional advantages which shall become apparent as described below.

SUMMARY OF THE INVENTION

A life expectancy management system which comprises: a storage means which is capable of storing health profile data, such as genetic data, birth data, lifestyle data, pediatric health data, and adulthood health data; a means for altering or adjusting the data based upon the occurrence of at least one event selected from the

group consisting of: chronic and routine health events, emergency health events, pregnancy data and medical advancements; and a prediction modeling logic which provides a predetermined life expectancy that can be reduced by deviations from expectations which are calculated from the health profile data and altered or adjusted data. Optionally, a means for providing recommended goals and incentives based upon the life expectancy predicted and the predetermined life expectancy.

The storage means is preferably a machine readable storage medium and the means for predicting life expectancy is a microprocessor comprising the prediction modeling logic. The means for altering or adjusting the original health profile data is a microprocessor and/or Internet service provider (ISP) which is in communication with the storage means.

The system optionally includes a means for providing secure access only to the health profile and altered/adjusted data, wherein secure access is selected from the group consisting of: fingerprint identification, footprint identification, DNA identification, imagery identification and password.

The present invention also includes a method for predicting the life expectancy of an individual, wherein the method comprising the following steps: establishing a predetermined life expectancy; storing health profile data; altering or adjusting the data based upon the occurrence of at least one event; and determining life expectancy by reducing the predetermined life expectancy based upon the data and/or the altered or adjusted data.

Other and further objects, advantages and features of the present invention will be understood by reference to the following specification in conjunction with the annexed drawings, wherein like parts have been given like numbers.

BRIEF DESCRIPTION OF THE DRAWINGS

Fig. 1 is a schematic diagram of data used from infancy, adolescence and adulthood to establish optimal life expectancy goals;

Fig. 2 is a schematic diagram of data used to revise a life expectancy potential according to one embodiment of the present invention;

Fig. 3 is a block diagram depicting for establishing and updating medical information management card data; and

Fig. 4 is a block diagram of a medical information management card according to the present invention.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

The present invention is directed to a health information database in a compact form that an individual possesses which contains all pertinent information relating to the individual's health and life expectancy. This database is dynamic, upgradable on a continuous basis and for use in an interactive fashion for an

individual's health maintenance management. 'Interactive' relates to the interdependent relationship between the individual, the healthcare provider, and the vast amount of health related database.

Ideally, the health profile database will start with the birth data 1 as shown in Fig. 1. Birth data 1 can include genetic data from parents and birthing data. This will be the most accurate and most reliable basis for life expectancy projections 3. In most cases, however, careful collection of data will be required on a retrospective basis in order to generate the health profile data. Thus, the accuracy of such collected data will depend on the individual's ability to find original information.

The health profile data must be continuously updated throughout an individual's life in order to insure that the life expectancy projection is accurate. Therefore, the health profile data must be updated during infancy 1, adolescence 5 and adulthood 7. Adolescence data 5 may include all pediatric data, such as vaccinations, childhood diseases, allergies, vision, and overall child development. Adulthood data 7 may include health maintenance data generated from scheduled annual visit(s) to an individual's healthcare provider, e.g., general evaluation by primary healthcare provider, gynecological evaluations, appropriate laboratory data (blood tests, PAP smears and imaging data), annual dental evaluations, and specialty specific evaluations. Health maintenance data may also include occurrence visits to a healthcare provider for minor ailments needing attention or prescription medications and emergency visits which involve serious illness or misadventures (e.g., accidents).

Still other significant events and developments 9 such as surgical, medical or psychiatric therapy are also important in developing a life expectancy profile.

Life expectancy modeling normally starts with a life span or expectancy objective, for example, 120 years. Thereafter, deviation (negative) from expectation and course corrections are used to lower the life span objective to a life expectancy potential. The initial life expectancy potential of an individual will typically be based on parental genetic information and birth data. If no major change in health status has occurred, then the annual re-assessment of life expectancy potential will remain the same. If, however, major health events have taken place, then a re-assessment of life expectancy potential is to be made at that time (i.e., deviation from expectation). Major health events could involve the discovery of any chronic or acute disease, e.g., diabetes, cardiovascular disease, pulmonary disease, osteoporosis, obesity, etc. It can also include lifestyle changes and choices, such as, education, occupation, habits (e.g., smoking, alcohol consumption, exercise regime, etc.).

One of the unique aspects of the present invention is that the life expectancy potential model can be used to counsel individuals by demonstrating how one's life expectancy potential can be increased or decreased by alternation in one's lifestyle, diet, and medication intake. For example, if an overweight smoker can be shown quantitatively that his or her life expectancy potential can be substantially increased by 10 or 20 years if the individual stops smoking, reduces his or her weight and begins to exercise, then it is quite possible that the individual will adjust his or her lifestyle in order to increase his or her life expectancy potential. This is best

represented by the schematic diagram of Fig. 2, wherein a predicted lifespan or LED 40 is a risk adjusted model generated from medical data 42, demographic data 44, lifestyle data 46 and geographic data 48. Medical data 42 may include medical history, surgical history, family history and current therapies. Demographic data 44 includes age, race, socio-economic status and education. Lifestyle data 46 includes occupation, exercise, recreation diet, substance use, and environmental exposures. Geographic data 48 includes current home location, prior home location and travel. Predicted lifespan 40 can then be revised via either potential medical interventions 50 and/or potential social and lifestyle interventions 52 in order to produce a revised lifespan prediction 54.

The modeling technique for the life expectancy potential and I.Q. is preferably imbedded or stored on a microprocessor which has the ability to predict within statistically significant limits, individual and specific life expectancy potential and I.Q. The microprocessor has the following characteristics: (a) capacity to receive all pertinent data concerning an individual; (b) ability to correlatively analyze the data and assign statistical importance to specific features; (c) ability to update itself based on evolving science; (d) ability to predict life expectancy potential and I.Q. within statistically significant limits; (e) ability to produce updated life expectancy potential and show the deviation (if any) for the projection; (f) in the event of a significant deviation from the projection, the microprocessor is able to analyze the deviation; (g) ability to show corrective measures to regain expected life expectancy potential; and (h) is programmed to produce a list of preventative measures to be taken in order to

deal with potential and age-related problems, e.g., menopause, colonoscopy, prostate specific antigen, etc.

The microprocessor will initially be loaded with the following essential elements: (a) maternal and paternal genetic data; (b) ante-partum history and events, e.g., single/multiple gestation, maternal age, spontaneous or assisted pregnancy, chronic conditions, such as diabetes, hypertension and HIV/hepatitis infections, and other events, such as drug exposure; (c) birthing events, e.g., gestational age at delivery, type of delivery (e.g., normal/spontaneous, assisted, or cesarean), and apgar score at delivery; (d) neonatal history and events, e.g., biophysical profile, biochemical profile, uneventful neonatal course, and problem specific neonatal course (e.g., meconeum aspiration, infection, cerebral hemorrhage, etc.); and (e) socio-economic factors, e.g., conventional family unit, single parent unit, ethnic background, etc.).

Each of the factors in the initial Modeling is assigned, based on statistical data, a percentage contribution to the life expectancy potential (LEP). That is, maternal and paternal genetics equal if' according to present day knowledge, both parents have a 'perfect' genetic background, then the percentage of the genetic contribution is hypothetically 80%, meaning that the genetic factor will be responsible for achieving 80% of the LEP, that being 120 years.

More specifically, assuming that maternal and paternal genetics contribute 80% to the overall LEP, then: (a) if the genetic factor is 'perfect', then there is a 0%

deviation, meaning, based on genetic factors alone, that the individual should attain the age of 96; and (b) if there are other factors, such as, diabetes, renal disease, etc., then the genetic contribution to the LEP may drop to hypothetically 70%, meaning, based on genetic factors alone, that the individual should attain the age of 84.

All other factors will have an appropriate percent of input to the initial LEP determination. 120 years stands as the projection at today's state of the art of science of medicine and other factors. This number is also dynamic, based on the ever changing advances in medicine and socio-economic conditions.

The I.Q. projections are also based on the above discussed factors and are to be developed accordingly. If all factors stated are ideal, then the percentage contribution from each factor is as initially stated. In the event that a specific factor becomes a critical factor (i.e., under 'Birthing Events', Baby Doe is delivered at an immature or premature stage of gestation, then this factor becomes the controlling factor in calculating LEP). The other factors will shift in their degree of importance in their contribution to the LEP and I.Q.

The modeling technique is to be universal, i.e., that all pertinent data on Baby Doe, when fed into the microprocessor, will produce and LEP and I.Q. that will be specific to Baby Doe with explanations, i.e., percentage deviations from the ideal (if any). Infancy data, adolescent data, and adult data, will be fed into the now specific model, at appropriate times, together with unexpected life events, i.e., surgeries, chronic diseases, etc.

There is a decremental life expectancy, i.e., each completed year of life will be subtracted from the initial LEP; if, however, there is an excessive deviation from the expected, then there is an explanation as to the cause by the updated model.

The explanation as to the cause of the deviation will serve as the basis for the interactive measures that can be taken by the individual to regain the projected LEP.

The individual's health profile data may also be used to track the census of a community. That is, an individual entering the community will deposit pertinent information into the community's information bank. This information can be used to update the communities ability to plan and project specific needs, e.g., healthcare planning, including specialized care, and educational needs (e.g., schools). Alternatively, selective information therefrom can be used to update the Center for Disease Control, as well as the National Census Bureau.

Fig. 3 demonstrates the preferred health and life expectancy management system according to the present invention. Initially, identification data 10 is entered on a medical information management or life span interactive (LSI) card 12. The identification data may consist of primary identification data, such as, fingerprints, footprints, DNA and imagery of an individual, and secondary identification data, such as, insurance information, financial data, time elapse data and time at entry data. The identification data provides a level of security preventing basic entry to the information data by unauthorized individuals. Optionally, each card 12 would be

equipped with an override key to be used by selected individuals, e.g., in case of an accident.

Subsequent to card 12 being loaded with identification data 10, primary life span projection (LSP) 14 is loaded onto card 12. Primary life span projection 14 is generated from at least one of the following pieces of data: maternal genetic data, paternal genetic data, socio-economic data, ante-partum data, birthing data and initial pediatric evaluation upon being discharged from the hospital. The primary life span projection 14 enables one to project the following: potential life span or expectancy, potential IQ, probability of contracting certain diseases, and probability of accidental death.

The life span potential prediction modeling logic according to the present invention is a dynamic modeling technique, meaning that it changes and adapts to developments/discoveries relating to health matters, e.g., new developments in diagnosis and treatment of specific diseases (including gene therapy), new developments in surgery (including organ replacements), and lifestyle changes including societal changes. This information is fed into the annual update of the life span potential 16 from specific sites on the Internet 18 which provides the most up to date information regarding specific disease and survival rate data pertaining thereto.

The prediction modeling logic base takes specific pertinent information regarding an individual's health information data and places it into an order of priorities and assigns percentages of importance to that specific event or data, e.g., (1)

age, (2) gender, (3) health status, i.e., free of any chronic diseases or history of specific chronic diseases, (4) blood pressure, (5) weight, (6) habits, i.e., smoking, alcohol use, and specific sports, (7) social data, (8)environmental data such a type of work and conditions of one's work environment, and (9) educational status.

Based on the sub-total of the data, life span potential is then predicted. The predicted life expectancy is then correlated with the original projections and the deviation from the original is then analyzed. The analysis will result in a detailed report as to the (1) degree of deviation, (2) reasons for deviation, and (3) corrective measures that are necessary to regain the original life span potential predictions. The corrective measures are then presented to the individual and goals are set accordingly 20.

The basic recommendation to an individual concerning his or her health at the very least is the annual physical examination and the appropriate laboratory data 22. Also, emergency health events 24 also need to be included into the prediction modeling logic of annual update of life span potential 16. This new information will be used to create an updated prediction model. The new model will automatically be correlated with the previous model and an analysis 20 together with recommendations is generated. This analysis and recommendation 20 will be used by the healthcare professional in counseling the individual. If the new projections show negative deviations from the original life span or expectancy projections, then recommendations are made to repair the original objectives. Annual correlative analysis and recommended goals 20 can also be programmed to recommend

preventive tests, such as, colonoscopy, mammography, and prostrate specific antigen (PSA).

Optionally, reproductive data for pre-pregnancy planning 26 or actual pregnancy 28 can be fed into prediction modeling logic 16 together with a potential partner's genetic data for the purpose of analyzing the composite data and identification of potential problems during the pregnancy. In the instance of possible infertility, the health profile data on card 12 can be used to follow the genetic line of the donor egg or sperm to insure against infertility. This data can also be used to advise couples of specific ~~intra~~ ante-partum (during the pregnancy) test to be considered, e.g., amniocentesis/chorionic villi sampling.

The prediction modeling logic 16 should also be updated during actual pregnancy with an initial assessment of the pregnant female, risk assignment, results of periodic re-assessment according to preset schedule during the 40 week pregnancy, results of specific tests during the pregnancy, and updates to any changes of risk assignment, e.g., development of diabetes during pregnancy and development of elevated blood pressure. Other factors that may be fed to prediction modeling logic 16 are risk to mother, risk to baby, and type of delivery (e.g., spontaneous delivery, induction of labor and cesarean delivery).

Fig. 4 depicts card 12 which typically includes an input/output port 30 to enable card 12 to interface with a computer which is capable of either uploading or downloading identification and health information data, a machine readable storage

medium 32 which is capable of storing the identification and health information data, and an identification strip 34 which is capable of providing a security means to prevent unauthorized access to an individual's data.

While we have shown and described several embodiments in accordance with our invention, it is to be clearly understood that the same are susceptible to numerous changes apparent to one skilled in the art. Therefore, we do not wish to be limited to the details shown and described but intend to show all changes and modifications which come within the scope of the appended claims.

WHAT IS CLAIMED IS:

1. A life expectancy management system which comprises:

a means which is capable of storing health profile data;

a means for altering or adjusting said data based upon the occurrence of at least one event; and

a means for predicting life expectancy based upon said health profile data and/or said altered or adjusted data.

2. The system according to claim 1 wherein the storage means is a machine readable storage medium.

3. The system according to claim 1 wherein said health profile data comprises at least one of the following: genetic data, birth data, lifestyle data, pediatric health data, and adulthood health data.

4. The system according to claim 1 wherein said event is selected from the group consisting of: chronic and routine health events, emergency health events, pregnancy data and medical advancements.

5. The system according to claim 1 wherein said means for predicting life expectancy is a microprocessor comprising a prediction modeling logic.

6. The system according to claim 5 wherein said prediction modeling logic provides a predetermined life expectancy which is reduced by deviations from expectations which are calculated from said health profile data and/or said altered or adjusted data.

7. The system according to claim 6 further comprising a means for providing recommended goals and/or incentives based upon the life expectancy predicted and the predetermined life expectancy.

8. The system according to claim 1 wherein said means for altering said data is a microprocessor and/or Internet service provider which is in communication with said storage means.

9. The system according to claim 1 further comprising a means for providing secure access only to said health profile data and/or said altered or adjusted data.

10. The system according to claim 1 wherein said means for providing secure access is selected from the group consisting of: fingerprint identification, footprint identification, DNA identification, imagery identification and password.

11. A method for predicting life expectancy, said method comprising the following steps:

establishing a predetermined life expectancy;

storing health profile data;

altering or adjusting said data based upon the occurrence of at least one event; and

determining life expectancy by reducing said predetermined life expectancy based upon said health profile data and/or said altered or adjusted data.

12. The method according to claim 11 wherein said data is stored by a machine readable storage medium.

13. The method according to claim 11 wherein said data comprises at least one of the following: genetic data, birth data, lifestyle data, pediatric health data, and adulthood health data.

14. The method according to claim 11 wherein said event is selected from the group consisting of: chronic and routine health events, emergency health events, pregnancy data and medical advancements.

15. The method according to claim 11 wherein life expectancy is determined by a microprocessor comprising a prediction modeling logic.

16. The method according to claim 11 further comprising the step of providing recommended goals or incentives based upon the life expectancy predicted and the predetermined life expectancy.

17. The method according to claim 11 further comprising the step of providing secure access only to said health profile data and/or altered or adjusted data.

18. A method for forecasting community census information comprising the claims of:

predicting life expectancy of an individual by the following steps: (a) establishing a predetermined life expectancy; (b) storing health profile data; (c) altering or adjusting said data based upon the occurrence of at least one event; and (d) determining life expectancy by reducing said predetermined life expectancy based upon said health profile data and/or said altered or adjusted data; and

downloading said predicted life expectancy to said community census.

19. A storage media which comprises:

a means which is capable of storing health profile data;

a means for altering or adjusting said data based upon the occurrence of at least one event; and

a means for predicting life expectancy based upon said health profile data and/or said altered or adjusted data.

ABSTRACT OF THE DISCLOSURE

A life expectancy management system which comprises: a storage means which is capable of storing data, such as genetic data, birth data, lifestyle data, pediatric health data, and adulthood health data; a means for altering the data based upon the occurrence of at least one event selected from the group consisting of: chronic and routine health events, emergency health events, pregnancy data and medical advancements; and a prediction modeling logic which provides a predetermined life expectancy that can be reduced by deviations from expectations which are calculated from the data and altered or adjusted data. Optionally, a means for providing recommended goals based upon the life expectancy predicted and the predetermined life expectancy.

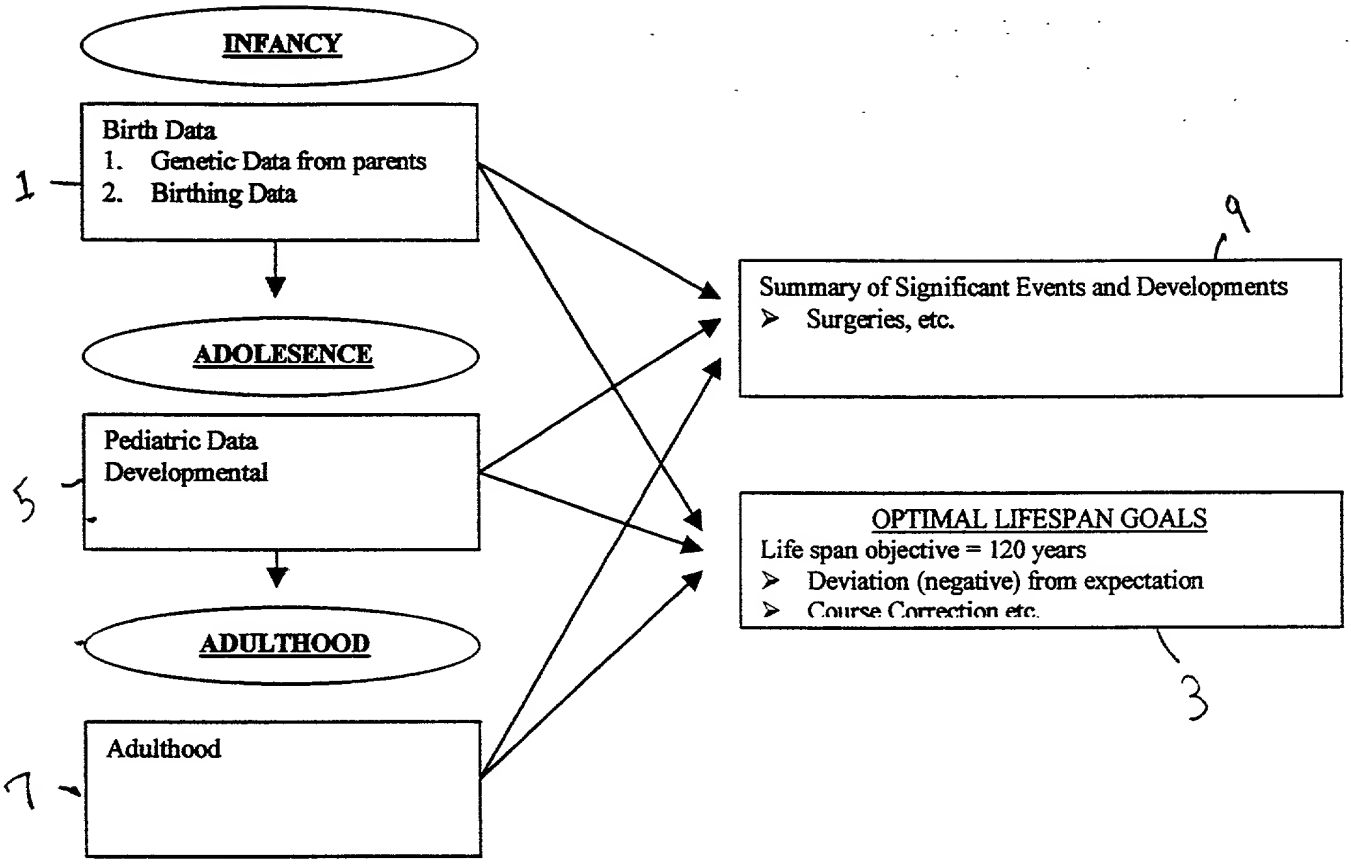
INFANCY
Birth Data
1. Genetic Data from parents
2. Birthing Data
1
ADOLESENCE
Pediatric Data
Developmental
5
ADULTHOOD
Adulthood
7
Summary of Significant Events and Developments
Surgeries, etc.
9
OPTIMAL LIFESPAN GOALS
Life span objective = 120 years
Deviation (negative) from expectation
Course Correction etc.
3

Fig. 1

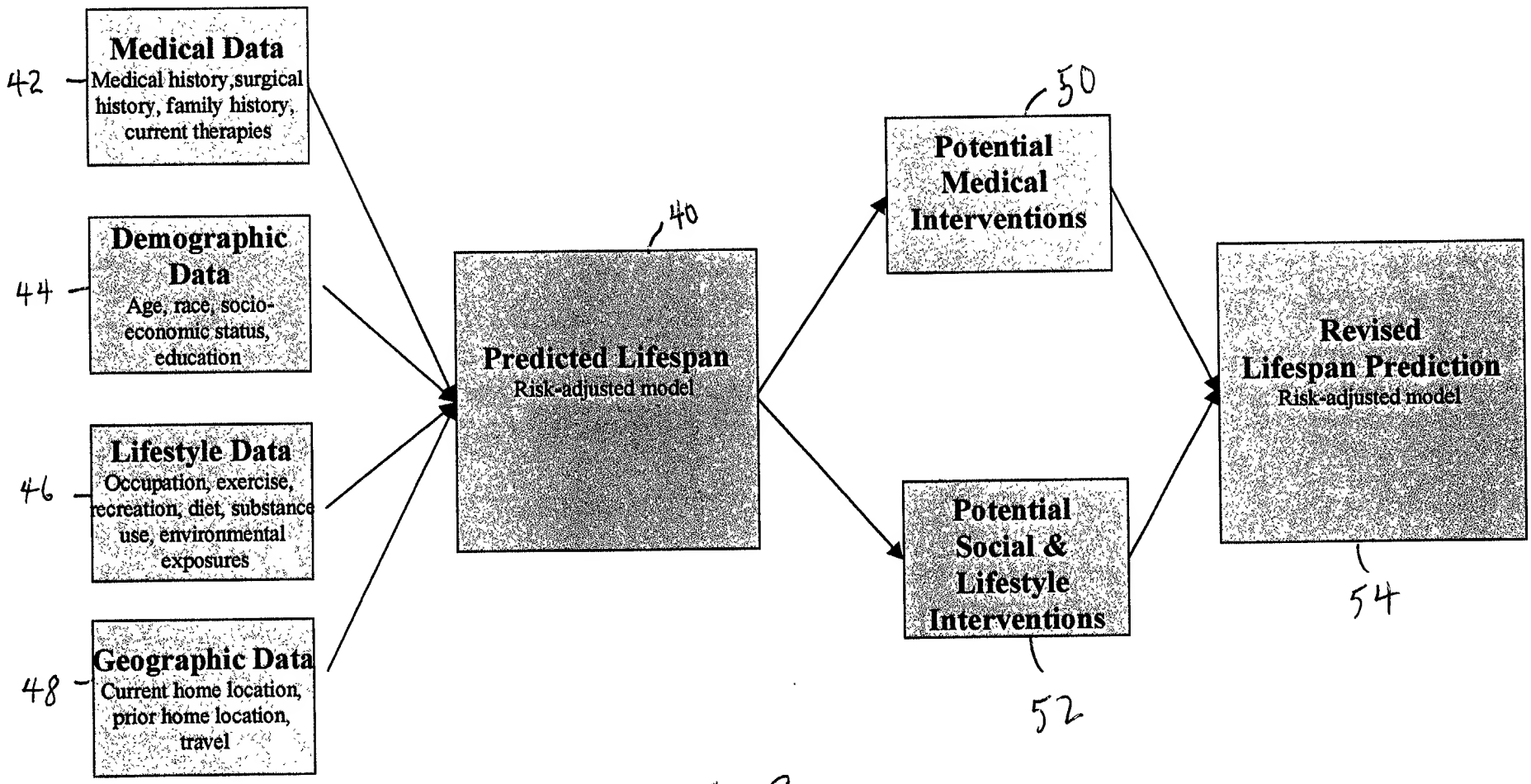

Fig. 2

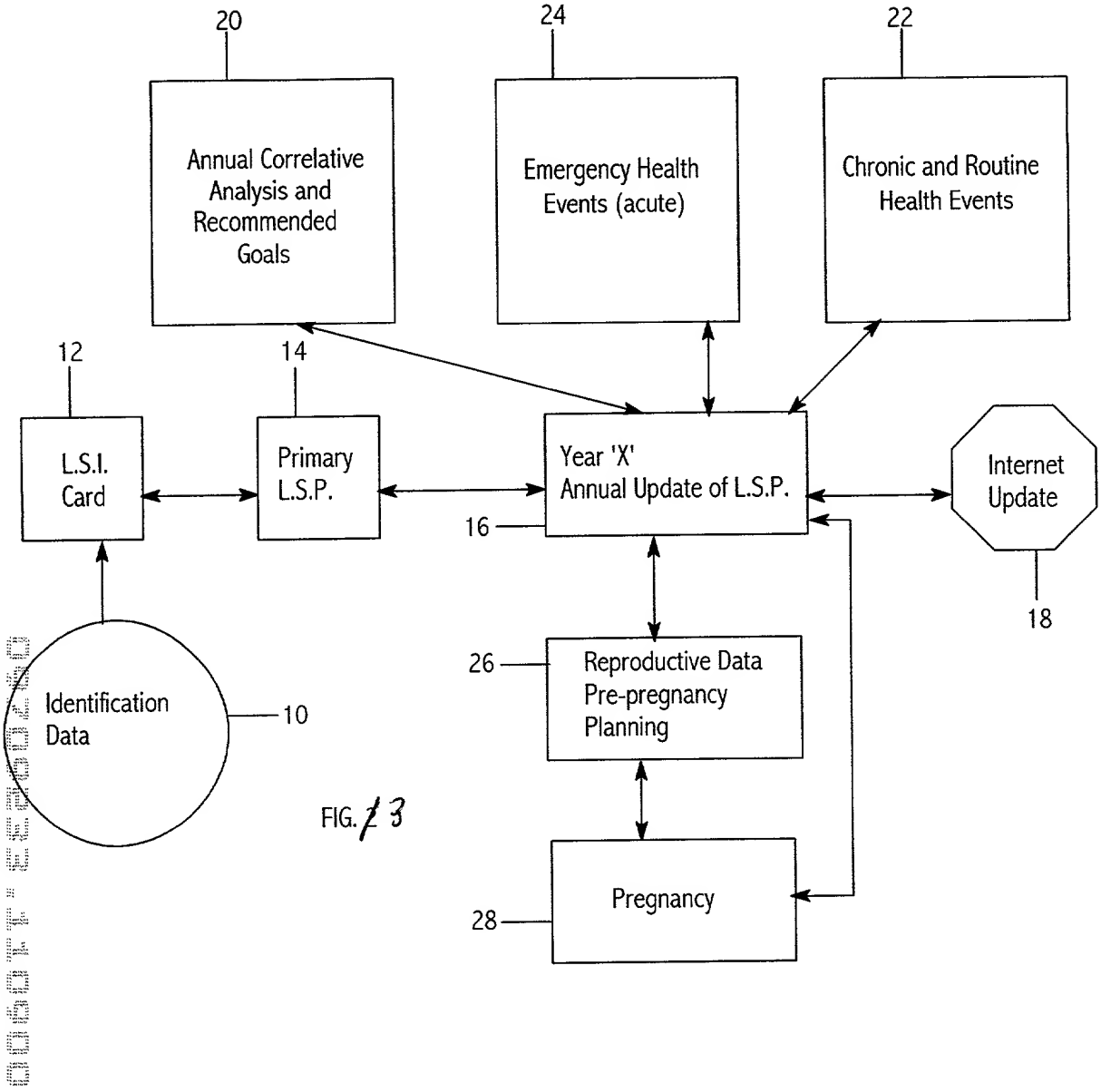
20
24
22
Annual Correlative Analysis and Recommended Goals
Emergency Health Events (acute)
Chronic and Routine Health Events
12
14
L.S.I. Card
Primary L.S.P.
Year 'X' Annual Update of L.S.P.
16
Internet Update
18
Identification Data
10
26
Reproductive Data Pre-pregnancy Planning
Pregnancy
28

FIG. 3

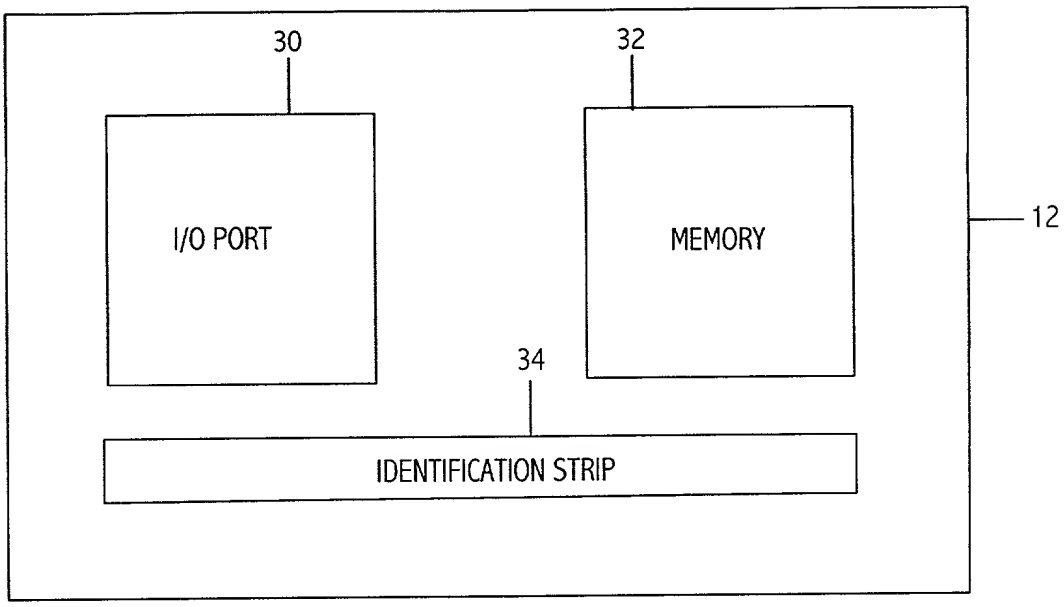

Fig. 4

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. **158.7019USU**

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our respective names.

We believe we are the original, and first joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM

the specification of which

(check one) **XXX** is attached hereto.

____ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 and §1.63(e).

We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
_____ (Number)	_____ (Country)	_____ (Day/Mon/Year Filed)	___ Yes ___ No
_____ (Number)	_____ (Country)	_____ (Day/Mon/Year Filed)	___ Yes ___ No
_____ (Number)	_____ (Country)	_____ (Day/Mon/Year Filed)	___ Yes ___ No

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status - patent, pend., abandon.)
(Application Serial No.)	(Filing Date)	(Status - patent, pend., abandon.)

POWER OF ATTORNEY: As named inventors, we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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